



Maine Department of Health and Human Services

MECMS Update 67

June 12, 2006

Billing News & Tips

Timeline requirements for submission of claims revised

Last week the Office of MaineCare Services (OMS) mailed a letter to all MaineCare providers explaining a revision to Chapter 1, Section 1.10-2 of the *MaineCare Benefits Manual*. The revision allows some flexibility in the normal requirement that all claims be submitted within one year from the date of service. This revision responds to provider concerns about meeting the one-year requirement in light of system delays in processing claims and adjustments.

In order to efficiently implement this policy with minimal disruption to the provider community, OMS has modified the billing edits to MECMS. Specifically, the following edit revisions have been made:

1. OMS will not reject otherwise valid claims as untimely if submitted within 20 months of the date of service. This is an additional eight months beyond the normal "one-year rule."

– Providers should simply submit claims in the customary manner as either a paper or an electronic claim.

2. Valid paper or electronic claims submitted beyond 20 months from the date of service, but less than 23 months, will be allowed if accompanied by clear evidence that the provider routinely submitted such claims in a timely manner.

– The evidence to support the original timely filing requirement would be broadened to include:

- Evidence from within MECMS;
- A provider billing log;
- An EMC file name; or,
- A request by MaineCare staff to hold off on the submission of claims.

3. Individual claims that are beyond the 20-month limit, or the 23-month limit, will be reviewed by OMS for a determination as to whether the claim will be allowed based on evidence of a prior timely filing.
4. OMS will waive the requirement that a provider has only one year from the date of initial submission of a claim to resubmit a corrected claim for payment. This is the "second one-year rule"
5. MECMS currently does not have the capability to make claims adjustments within 120 days. Therefore, OMS will waive the usual 120-day requirement.

The modifications of the one-year and 120-day requirements are currently scheduled to end on January 1, 2007. In December, we'll review these changes.

To read the letter dated June 1, 2006, and details on submission of evidence and claims, go to:
http://www.maine.gov/bms/innerthird/gov_mecms_prov_advis_grp.htm

(Continued on the next page.)

Please direct any questions about this policy to your Provider Relations Specialist at 287-9345 or 1-800-321-5557, extension 8; or TTY at 287-1828 or 1-800-423-4331.

It's time to update your 2007 Rider A; the form for 2006 expires on June 30

If you file claims for the seeded services of school-based rehabilitation, day treatment, certain targeted case management, ambulatory care clinic services, or under Private Non-Medical Institutions, you need to update your Rider A form that we keep on file.

The Rider A form certifies that matching public funds are available for the services provided.

The 2006 forms expire on June 30.

Contact Cheryl Gliniewicz for the 2007 forms or to ask questions. She can be reached at 287-3271 or cheryl.gliniewicz@maine.gov.

Keep in mind when and how you should use the Y indicator in Box 24J

If Medicare does not cover a service, you need to complete your claim form as you would when billing after any other insurance. Don't use the Y indicator in Box 24J of the CMS/HCFA 1500 claim form. Be sure to attach your explanation of benefits from Medicare to your claim.

Use the Y indicator in 24J only when you are billing for co-insurance and deductible. Use of the indicator when you aren't billing for the co-insurance and deductible results in an incorrect payment.

A handwritten claim that's neat and readable means speedier processing

It's true—neatness does count! This is particularly true when filling in claims by hand.

Crossing out errors and writing outside a box area or Form Locator can potentially delay claims processing.

We can best assist you when claims are clearly legible and all information is within the appropriate box or Form Locator.

Thank you for your cooperation. ■

Contact Us

Call: 1-800-321-5557

TTY: 1-800-423-4331

Augusta area: 207-624-7539

On the web: www.maine.gov/dhhs/bms

Write:

MaineCare Billing and Information Unit
Office of MaineCare Services
11 State House Station
Augusta, ME 04333-0011

Our listserv:

Sign up for a convenient, fast way to get the news you need about billing procedures and other MaineCare provider information:
<http://mailman.informe.org/mailman/listinfo/provider/>

Previous issues of *The MECMS Update*:

http://www.maine.gov/bms/innerthird/mecms_update_for_provider.htm ■